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Torture: Moral Absolutes and Ambiguities

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The 'old' counter-arguments are therefore still valid and have not lost their argumentative force.

Torture has a dual nature: it is judicial and political.

Torture is useless in terms of public interest and produces paradoxical outcomes for any trial.

Torture is unjust for at least four main reasons: (i) *it violates the principle of the presumption of innocence*; (ii) it implies depreciation of fundamental rights, in particular and first of all *the right to life*; (iii) it is essentially excessive and *cannot be moderated* by legal norms; (iv) finally it *cannot be justified by tradition*.

All this was already clear and evident to Enlightenment thinkers. But these ideas no longer seem so evident today; they are again under debate. They have a worrying topicality, because torture is a cogent reality as a political instrument, as a judicial instrument, and, last but not least, as a practice prejudicial to prisoners, immigrants, and refugees. My impression is that these circumstances show the regressive character of the present, in which subjective rights seem to 'have a price': the price of so-called public security: people expect to legitimize something that is a contradiction in itself, since in a democracy law and torture cannot go together. Torture supporters expect to transform subjective rights into relative rights, which can be sacrificed in the name of public utility and the common interest; relative rights which cannot be defined – borrowing Ronald Dworkin's metaphor – as 'trumps' anymore, but simply as good cards, whose importance depends on contingent conditions; they are always held in reserve.

We may hope that the democratic crisis is only temporary, that the modern democratic process forms part of a general dialectical dynamic. We may hope that the present time is a moment in a progressive process. But for that very reason we have to reflect on the Enlightenment theses and take them seriously. We must not ignore the real meaning of Verri's words with regard to the present situation: they sound, to my mind, like a warning against indifference, against the current risk of underestimating the immorality of torture and what is at stake in terms of constitutional rights.

'It seems impossible to me,' Verri wrote in 1770, 'that torturing could have persisted for so long': never has a prediction erred more than this on the side of optimism.

9. Nursing During National Socialism: Complicity in Terror, and Heroism

Alison J. O'Donnell, Susan Benedict, Jochen Kuhla and Linda Shields

A. Introduction

In 1933, Adolf Hitler came to power in Germany bringing with him the beliefs, policies and doctrines of National Socialism. All Germans, and many others in the occupied countries of Europe, had their lives controlled by the Nazis until mid-1945. Nurses, like their colleagues in medicine, were important in the implementation of the genocidal goals of the Nazis.

This paper describes the way nursing was organized, regulated, controlled, and practiced during the era of the Third Reich. Using primary sources of legislation, interviews and trial transcripts, and supported by secondary sources which explain the development of the laws surrounding nursing, we present a description and explanation of nursing practice during this unique era.

Nursing in Germany had had a long history, but was changed dramatically by the prevailing philosophies of eugenics and National Socialism. In some institutions, egregious crimes such as the murder of psychiatric patients were carried out by nurses who subscribed to these philosophies or who believed they would be punished if they did not. However, some nurses, at great personal risk, were able to resist, often saving the lives of their vulnerable patients. The organizational structure of the various organizations made nursing a decentralized profession without a unified and powerful voice contributing to the lack of any but individual resistance.

B. The Development of Nursing in Germany

Germany made an important contribution to the development of the nursing profession worldwide. The deaconess schools and motherhouses which saw the education of young women to care for the sick and needy, begun in the late 1700s (1782 Franz Anton Mai in Mannheim), were the first formal schools of nursing.¹

German nursing was organized according to the *Mutterhaus* (mother house) concept which was an outgrowth of the religious order of St. Vincent de Paul. In the first half of the 19th century, Theodor Fliedner, an Evangelical pastor of the Rhineland, founded a community which resembled in several ways the Mutterhaus of St. Vincent. Women, known as 'Deaconesses' lived together in a motherhouse where they received education in both nursing care and religion. These Deaconesses came to be regarded as the exemplar of nursing. Florence Nightingale came from England

¹ M. P. Donahue, *Nursing: the Finest Art* (St Louis, MO, Mosby, 1985).

to spend time with the Deaconesses in Kaiserwerth in 1850, which at the time was regarded as the center of nursing education in Europe. At Kaiserwerth, Nightingale was impressed with Fliedner but found the nursing standards there to be inferior to those she observed at the Sisters of Charity hospital in Paris.²

By the end of the 19th century, a 'good trained nurse' was one who was unquestioning in her obedience and selfless in her service to others.³ Obedience and self-denial were paramount in Nightingale nurses who were 'reared in an atmosphere of obedience and conformity'.⁴ A secular approach to caring was advocated as Germany, like other nations, experienced socio-economic and cultural changes which accompanied rapid industrialization and urbanization, advances in medicine, philanthropic initiatives in welfare and the emancipation of women. Increasing sophistication in medicine led to a demand for a better class of nurses.⁵

Before World War One (WW1), population growth and development of a growing industrial proletariat, coupled with a rising middle class, altered the health needs of the people and increased the need for nurses both in hospitals and private homes. Increasing demands for nurses enabled some of them to become independent, to separate themselves from restrictive regimes of their training schools, and for the first time to work privately. Nurses who chose to work independently were called 'free' *frei* or 'wild' *wilde* nurses,⁶ and often worked in poor conditions, accepting low wages in return for independence.⁷

Changing views of women's roles in society enabled nurses to gain economic independence.⁸ Consequently, nursing began to be perceived as a more socially acceptable occupation.⁹ Women began to search for new roles outside the traditional confines of '*Kind, Küche, Kirche*', (children, kitchen, church).

At the beginning of the 20th Century, German nurses sought to establish themselves as members of a profession rather than a charitable and religious enterprise.

Such ambitions reflected the growing international women's movement.¹⁰ Similarly to the United Kingdom (UK), professional registration initiatives were instituted and by 1907 the 'Regulations of a State Examination for Nursing Personnel in Prussia' was in place. In order to take the examination, one had to provide an elementary school certificate, be 21 years of age, physically and psychologically fit and show proof of participation in a one-year nursing course.¹¹ Similar regulations were enacted in 1908 in Württemberg and Hesse, 1909 in Saxony, 1919 in Baden and 1920 in Bavaria. After WW1, Prussia, Saxony, Hesse, Thuringia, Hamburg and Braunschweig increased the length of required training to two years and lowered the mandatory age to 20 years. Bavaria, Baden, Württemberg, Bremen and Mecklenburg retained the one-year training period. Inherent within German nurses at this time was a strong commitment to the idea of care, service, duty, obedience and unquestioning loyalty to the (usually male) physician.¹² The virtue of obedience extended to obeying orders issued by senior nurses and hospital administrators.¹³

After WW1, developments in nursing were set in a changing and unstable political situation. Germans resented the perceived unfairness of post-war reparations and the Treaty of Versailles. Rampant inflation, industrial collapse and extreme levels of unemployment caused political turmoil. In 1928 a key event occurred. In the general election, the Nazi Party won 12 seats in the German parliament, the *Reichstag*. Societal problems such as unemployment and inflation continued to favour the Nazis and their denunciation of Jews as the cause of the economic problems. In September 1930, an election was called and the number of Nazi seats in the *Reichstag* increased from 12 to 107. The Nazi party was now the second largest party in Germany. In the June 1932 presidential election, Field Marshal Hindenburg, the incumbent, won with 53% of the vote. Hitler garnered over 36%, coming in second. By 31 July 1932, the Nazi Party held 230 seats, giving Hitler enough strength to establish a coalition government. He, however, refused to do so unless he was Chancellor. Lengthy political crises led to negotiations and Hitler was appointed Chancellor on 30 January 1933 at the age of 43 years.¹⁴

Coupled with the rise to power of Adolf Hitler was the surge of anti-Semitism across Germany. From the beginning of the 20th Century, anti-Semitism had been an integral part of the conservative political platform. Jews had been successful in German academic, professional, and business circles in Germany. As the economy

2 L. McDonald, *The Collected Works of Florence Nightingale* (Waterloo (Ontario), Wilfrid Laurier University Press, 2001).

3 C. Maggs, *The Origins of General Nursing* (London, Croom Helm, 1983); S. M. Collins and E. R. Parker 'A Victorian Matron; No Ordinary Woman. Eva Charlotte Ellis Lückes (8 July 8 1854-16 February 1919)', *International History of Nursing Journal* 7 (2003): 66-74.

4 M. Baly, *Florence Nightingale and the Nursing Legacy* (London, Croom Helm, 1986), p. 34.

5 C. Helmstadter, "'A Real Tone': Professionalizing Nursing in Nineteenth-Century London", *Nursing History Review* 11 (2003): 3-30.

6 S. Hahn, 'Nursing Issues in the Third Reich', in J. J. Michalczyk (ed.), *Medicine, Ethics and the Third Reich: Historical and Contemporary Issues* (Kansas City, Sheed and Ward, 1994).

7 G. Boschma, 'Agnes Karll and the Creation of an Independent German Nursing Association', 1900-1927', *Nursing History Review* 4 (1996): 51-168.

8 L. Dock, 'Nursing Organization in Germany', (1901) *ICN Report* 443; L. Dock, *A History of Nursing: Volume IV* (New York, Putman, 1912); Boschma, 'Agnes Karll'; Hahn, 'Nursing Issues'.

9 E. R. Benson, 'Nursing in Germany: a Historical Study of the Jewish Presence', *Nursing History Review* 3 (1995): 189-202; H. Steppe, 'Nursing in Nazi Germany', *Western Journal of Nursing Research* 14 (1992): 744-753; K. M. Klindt, "'Gender', and 'Class', as Categories of Nursing History: Male Nurses in the Professionalization of Nursing in the Late Imperial Germany", *Pflege* 9 (1998): 35-42.

10 M. Lungershausen, *Agnes Karll, Her Life, Works and Inheritance* (London, Elwin Staude, 1964).

11 E. von Abendroth and M. T. Strobl, 'Nursing in Germany and Austria', *American Journal of Nursing* 50 (1950): 728-730.

12 D. Mansell and J. Hibberd, 'We Picked the Wrong One to Sterilize: the Role of Nursing in the Eugenics Movement in Alberta, 1920-1940', *International History of Nursing Journal* 4 (1998): 4-11.

13 B. R. McFarlane-Icke, *Nurses in Nazi Germany: Moral Choices in History* (Princeton, Princeton University Press, 1999); E. W. Kintner (ed.), *The Hadamar Trial* (London, William Hodge and Co, 1949); S. Benedict 'Killing While Caring: the Nurses of Hadamar', *Issues in Mental Health Nursing* 24 (2003): 59-79.

14 M. Gilbert, *The Holocaust* (New York, Henry Holt and Company, 1985).

declined and unemployment rose, they became the scapegoats. Where once assimilated with a fairly high rate of intermarriage with non-Jews,¹⁵ they soon found themselves to be the objects of social and economic discrimination. Thus with Hitler coming to power, the smoldering anti-Semitism of the Nazis and right-wing political groups ignited.

C. Eugenics, health and nursing

In the late 19th and early 20th centuries, a new movement gained credence in Europe and the United States (USA). The 'science' of eugenics influenced political thought and became an integral, if perverted, platform of Nazi thinking. Its influence on German nursing was profound.

Eugenic theories derived from Charles Darwin's Theory of Evolution.¹⁶ However, the idea of being able to manipulate survival of the most desirable human qualities was further developed through the teachings of the founder of eugenics and cousin of Charles Darwin, Sir Frances Galton (1822-1911).¹⁷

Galton suggested the term 'eugenic' in 1883. He further developed his theories while working in the overcrowded slums of London, where he observed the rise of what he perceived as an underclass, an 'undesirable' race, and formulated a theory of heredity in which improvements in the human race could be obtained by 'selective breeding', rather than by natural inheritance. As this term became incorporated into academic debate, its use by physicians as advocates of social hygiene had authoritarian (and ultimately murderous) implications.¹⁸

Galton believed that Mendelian laws should be applied not only to physical characteristics but also to human intelligence and ultimately, ominously, to fecundity.¹⁹ He suggested that those who had influence in society, namely medical men, support notions of social purity and racial hygiene through therapeutic and medical intervention, thereby preserving a race's hereditary worth. In 1905, Professor Albert Ploetz (1860-1940) founded the German Society for Racial Hygiene in Berlin, which

funded racial hygiene chairs in prominent medical schools.²⁰ 'Racial hygiene' began to be widely supported as physicians sought to halt what they perceived to be the biological and psychological deterioration of the German *Volk*.²¹ In 1907, the medical profession drew further inspiration from the radical and pioneering sterilization programs of the mentally disabled in Indiana, USA.²²

In Germany and the UK, as a consequence of these views, numbers of patients admitted to psychiatric institutions increased. Reasons for admission varied from mental illness, to vagrancy, prostitution, theft, production of an illegitimate child, political crimes, congenital physical and mental handicaps in children, or being a Jew, Jehovah's Witness, *Sinti* or *Roma*, or homosexual.²³ Anyone deemed not able to make a meaningful contribution to German society was *lebensunwertes Leben*, 'life not worth living'.²⁴

World War One further concentrated this eugenic ethos as numbers of perceived 'good healthy Germans' perished in combat,²⁵ while 'incurables' were cared for in institutions.²⁶ Between 1914-1919 over 45,000 of the pre-war institutional population died as a result of deliberate starvation, neglect and extreme privations of war.²⁷ With severe monetary problems following WWI, psychiatric patients were moved into rural areas in an effort to decentralize the cost of care.²⁸ In these areas, the number of people perceived to be abnormal escalated and eugenic theory increasingly became the accepted norm, offering an apparently rational solution to a growing problem. Instead of providing further support in community settings, psychiatrists created a two-tier system with intensive therapy for acute cases and minimal therapy

- 15 C. Browning, *The Origins of the Final Solution* (Lincoln, University of Nebraska Press, 2004).
- 16 P. Weindling, *Health, Race and German Politics Between Unification and Nazism 1870-1945* (Cambridge, Cambridge University Press, 1989); International Medical Editorial Bulletin, 'Contemporary Lessons from Nazi Medicine', *International Medical Editorial Bulletin* 6 (1989): 13-20.
- 17 M. Baly, *Nursing and Social Change* (London, Routledge, 1995 (3rd ed.)); Mansell and Hibberd, 'We Picked the Wrong One to Sterilize'.
- 18 Weindling, *Health, Race and German Politics*; R. S. Cowan, 'Nature and Nurture: the Interplay of Biology and Politics in the Thoughts of Francis Galton', *Studies in the History of Biology* 9 (1977): 133.
- 19 Baly, *Nursing*; M. Burleigh, *Death and Deliverance* (Cambridge, Cambridge University Press, 1994).

- 20 R. J. Proctor, *Medical Killing in the Nazi Era* (New York, Basic Books, 1986); Weindling, *Health, Race and German Politics*.
- 21 M. J. Franzblau, 'Ethical Values in Health Care in 1995: Lessons from the Nazi Period', *The Journal of the Medical Association of Georgia* 6 (1995): 161-164.
- 22 M. Gwyther and S. McColville, 'Nazi Experiments; Can Good Come from Evil?', (19/11/1989) *Observer Magazine* 18.
- 23 R. C. Baum, *The Holocaust and the German Elite Genocide and the National Suicide in Germany, 1871-1945* (New York, Totowa Rowman and Littlefield, 1981); R. Plant, *The Pink Triangle: the Nazi War Against Homosexuals* (New York, Henry Holt and Company, 1986); J. Chicago, *Holocaust Project from Darkness into Light* (New York, Viking, 1993); United States Holocaust Memorial Museum, Holocaust Museum - permanent exhibition: display case 13 (Washington DC, United States Holocaust Memorial Museum Washington DC, 2000).
- 24 J. A. Burgess, 'The Great Slippery Slope Argument', *Journal of Medical Ethics* 2 (1991): 169-174; R. J. Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York, Basic Books, 1986); G. Aly, P. Chroust and C. Pross, *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene* (Baltimore, John Hopkins University Press, 1994).
- 25 J. E. Gardella, 'Medicine in Nazi Germany: 1933-1945', *North Carolina Medical Journal* 5 (1994): 188-192.
- 26 M. Burleigh, 'Racism as a Social Policy: the Nazi 'Euthanasia', Programme 1939-1945', *Ethnic and Racial Studies* 14 (1991): 453-473; M. Burleigh, 'Euthanasia in the Third Reich: Some Recent Literature', *Social History of Medicine* 4 (1991): 317-328.
- 27 J. S. Kestenberg, 'Children Under the German Yoke', *British Journal of Psychotherapy* 8 (1992): 374-390.
- 28 B. Geary, *Hitler and Nazism* (London, Routledge, 1993).

for chronic patients, coupled with sterilization of those discharged from institutions.²⁹

By the late 1920s, the eugenics movement was gaining strength. Influential academics adopted and supported these views in Germany and other countries. In the UK, the prominent birth control campaigner Marie Stopes stated: 'for the careless, stupid or feeble-minded who persist in producing infants of no value to the State and often a charge upon it, the right course seems to be sterilization'.³⁰ Eminent German geneticists Erwin Baur, Eugen Fisher, Fritz Lenz, Theodor Mollison, and Ernst Rüdin promoted the definition of different human phenotypes; health, sanity and intelligence were considered positive and superior (*höherwertig*) while sickness, insanity and mental retardation were negative attributes (*minderwertig*).³¹ During the 1920s, these scientists colluded with the rising Nazi Party in order to promote 'eugenics' legislation, which they redefined 'race hygiene'.³²

D. Implementation of eugenic theories

Physicians' responsibility to promote the health of society and the nation included the ethos of survival of the best or fittest; therefore medicine and nursing should act in the interests of future generations. In the 1920s, the Nazis combined these concepts of health and eugenics with anti-Semitism into their ideology.³³ Genetic health courts enforced the involuntary sterilization of people by vasectomy or tubal ligation; physicians were required to report every case of genetic illness or be fined 150 Reichsmark (RM).³⁴ Midwives and doctors were compelled to report any infant born with an abnormality, and community nurses had to report people who were considered 'unfit' under the racial codes. Racial hygiene was perceived as a cost-effective solution to escalating welfare costs, specifically targeting psychiatric patients in hospitals.³⁵ Society had the right and the responsibility to exterminate the unworthy,

29 Burleigh, 'Euthanasia'.

30 M. C. Stopes, *Wise Parenthood* (London, Pitman's and Sons Ltd, 1927), p. 42.

31 B. Müller-Hill, *Murderous Science: Elimination by Scientific Selection of Jews, Gypsies and Others, Germany 1933-1945* (Oxford, Oxford University Press, 1992). (Phenotype: the way in which the genotype, or genetic makeup, is expressed in the body. For example, the gene for blue eyes as a unit of inheritance would provide the genetic makeup for that gene and if inherited, would be expressed as the phenotype for the individual having blue eyes or not depending on the dominance of the trait of the gene: see B. Gates, *Learning Disabilities*, 3rd ed., New York, Churchill Livingstone, 1997).

32 Weindling, *Health, Race and German Politics*; Müller-Hill, *Murderous Science*.

33 R. J. Evans, *In Defence of History* (London, Granta Books, 1997).

34 Gardella, 'Medicine in Nazi Germany'; M. Burleigh, *Death and Deliverance* (Cambridge, Cambridge University Press, 1994).

35 Aly, Chroust and Pross, *Cleansing the Fatherland*; Gardella, 'Medicine in Nazi Germany'.

individuals who could not contribute to society, and to protect and preserve those deemed worthy, and nurses played an important role.

Lebensunwertes Leben (life unworthy of life) ideology was promoted widely in literature, the popular press and films. School textbooks featured mathematical exercises based upon the cost of care of the mentally ill.³⁶ During the 1930s the public were encouraged to visit psychiatric hospitals to view the disabled.³⁷ Visits were organized with nationalistic groups, including Hitler Youth, League of German Maidens, Nazi Women's organization, nurses, lawyers, teachers, midwives and members of the SA (*Sturmabteilungen*) and SS (*Schutzstaffel*). Institutions themselves organized these visits to emphasize their positive role in institutional care.³⁸ In reality, the tours disseminated racial hygiene propaganda³⁹ by placing on display those patients with the most visible and severe disabilities.

E. Nursing and National Socialism

Pioneering educational and practice partnerships were created in the form of newly established training schools for nurses and community nursing posts, as the Nazi Party idealized feminine and motherly roles of the nurse. The National Socialist Physicians' League (*Nationalsozialistischer Ärztenbund*, NSDÄB), founded in 1929 at the Nuremberg Nazi Party Congress, had the express goal of promoting racial hygiene, racial science and eugenics in public health. National Socialism was openly endorsed and supported by the traditionally nationalistic medical profession. Jewish physicians lost their academic appointments and had their practices limited to Jewish patients.

The ability to influence the security and tenure of colleagues' positions coincided with a rise in the popularity and membership of the NSDÄB. As doctors worked at the edge of life and death, it was they who controlled and influenced the creation of a purified, scientific and superior *Volk* population.⁴⁰ The ethos of National Socialism combined with the ethical and established values of German nursing, served as an ideal platform from which the NSDAP promoted nurses as their 'political soldiers' of healthcare, and through this 'heroic service', nurses had a direct influence on the German people with whom they came into contact.⁴¹ In preparing for impending war, tensions developed. The NSDAP tried to influence the nursing profession by

36 A. Donner (1935), *Mathematik im Dienste der nationalpolitischen Erziehung*, in R. Proctor 'The Destruction of "Lives not Worth Living"', in R. Proctor, *Racial Hygiene: Medicine Under the Nazis* (Cambridge (Massachusetts), Harvard University Press, 1998) 184.

37 Burleigh, *Death and Deliverance*; McFarlane-Icke, *Nurses in Nazi Germany*.

38 Burleigh, *Death and Deliverance*.

39 Burleigh, 'Racism as a Social Policy'.

40 Proctor, *Medical Killing*.

41 Steppe, 'Nursing in Nazi Germany'.

suggesting that the number of nurses to be trained annually should be increased. Traditional nursing virtues of obedience, unquestioning loyalty, duty and conformity which had become internalized amongst some middle class German women were adopted and transferred as the new authority to the Nazi women's movement within the NSDAP.⁴²

F. The organization of nursing under National Socialism

In 1903, the Association of the Nursing Professionals in Germany (*Berufsorganisation der Krankenpflegerinnen Deutschlands*, BOKD) was founded through the influence of Agnes Karll (1868-1927).⁴³ Membership comprised *frei* nurses; *Mutterhaus* nurses such as those in the Catholic and Protestant organizations could not be members. BOKD represented interests of nurses including development of professional training and benefits, and it functioned as an employment agency. Soon, BOKD became the supplier of nurses to hospitals and nursing schools as well as providing continuing education. BOKD became a member of the International Council of Nursing (ICN) in 1904.

Karll, although she died prior to 1933, believed that nurses would be promoters of 'hygiene and social progress', and this remained an inherent belief of practicing nurses.⁴⁴ With the advent of National Socialism,

The nurse, who until then had worked quietly and effectively, was now supposed to become aggressive and a political soldier of the health service. ... the well known (nursing) values continued to be valid and were cleverly combined with the ideas of National Socialism.⁴⁵

Political changes following WW1 facilitated further emancipation of nurses. Seventy-five percent of all German nurses belonged to a *Mutterhaus* which provided education, employment, and retirement benefits. Strong unions, the Free Union and the Reich's Union of Nurses, worked for their members, for better pay and decreased working hours. Dictates forbidding marriage were removed from employment contracts. During this time, the organization of nursing as a profession within the parameters of the *Volk* and values of the 'good German woman' was important.⁴⁶ With the advent of Nazism, German nurses found themselves with low social standing, no tradition of assertiveness; poorly paid, lacking a supportive professional or-

ganization and increasingly dominated by the highly influential physicians of the NSDÄB.

The Nazi government recognized that nursing must be reorganized and controlled in order to implement their racial policies. The NSDAP appointed nursing leaders who fully supported and strongly influenced the pivotal position of nursing. In one of the nursing publications of the time (1934), Jensen wrote:

I hope that I may be understood when I say that National Socialism cannot do without exercising its influence over such a large and important profession as nursing. Indeed it must irrefutably take on the nursing profession in a special and thorough manner, since nurses belong to that group of persons who, firstly, have important responsibilities to carry out in the area of national health, and, secondly, are in such intimate and direct contact with their national comrades under such special circumstances, that they can have an especially great educational influence on them.⁴⁷

This statement was congruent with the medical profession's prediction of the future of nursing:

The requirements which German nurses in social and medical service have to meet in the new state are completely different from the previous period in many respects. The new state does not only want to look after the sick and weak; it also wants to secure a healthy development of all national comrades, and also to improve their health, if their inherited biological predisposition allow for it. Above all, the new state wants to secure and promote a genetically sound, valuable race and, in contrast to the past, not to expend an exaggerated effort on the care of genetically or racially inferior people. Of course, such people must be looked after, but no longer be supported and promoted at the cost of the more valuable people.⁴⁸

Occurring concurrently with this reorganization of nursing and hugely influential was emphasis on collective health of the *Volk*, rather than the individual. *Vorsorge* – the notion that the focus of care should be on the promotion of health of the *Volk* rather than on providing for ill individuals (*Fürsorge*) – emerged as the new order.⁴⁹ The individual became valued only for his or her contribution to society, while those unable to contribute had no right to be cared for and should be removed for the good of the *Volk*. Public health's new slogan was *Vorsorge statt Fürsorge*.⁵⁰

There were a number of disparate nursing organizations. In 1933, the Red Swastika Nurses (*Roten Hakenkreuzschwestern*), whose function was to care for sick members of the Nazi Party, aid in military operations and political party events, and to care for relatives of members of the Nazi Party who were incarcerated, was

42 R. Bridenthal, A. Grossman and M. Kaplan (eds.), *When Biology Became Destiny: Women in Weimar and Nazi Germany* (New York, Monthly Review Press, 1982).

43 G. Boschma, 'Agnes Karll and the Creation of an Independent German Nursing Association 1900-1927', *Nursing History Review* 4 (1996): 51-168.

44 Ibid.

45 H. Steppe, 'Nursing in the Third Reich', *History of Nursing Journal* 3 (1991): 21-37, pp. 25-26.

46 Mansell and Hibberd, 'We Picked the Wrong One to Sterilize'.

47 Jensen (1934), cited in Steppe, 'Nursing in Nazi Germany', p. 746.

48 F. Bartels (1933), in S. Hahn, 'Nursing Issues During the Third Reich', in J. M. Michalczyk (ed.), *Medicine, Ethics, and the Third Reich: Historical and Contemporary Issues* (Kansas City, Sheed and Ward, 1994) 143, pp. 143-144.

49 W. Reich, 'The Care-Based Ethic of Nazi Medicine and the Moral Importance of What We Care About', *American Journal of Bioethics* 1 (2001): 68-69.

50 H. Steppe, 'Nursing Under Totalitarian Regimes: the Case of National Socialism', a paper presented at the Congress Nursing, Women's History and the Politics of Welfare (Nottingham, England, 23/07/1993), p. 3.

formed. In May 1934, the Red Swastika nursing organization was dissolved and the NS *Schwesternschaft* (National Socialist Nursing Organization, NSS), known as the 'Brown' nurses for the color of their uniforms⁵¹ was formed. Their main area was to be community nursing because that is where they could have the greatest influence.⁵² A NS *Schwesternschaft* mother house was established in the Rudolf Hess Hospital in Dresden. Eight week courses on National Socialism were held there beginning 1 October 1934.⁵³

The *Deutsche Arbeitsfront* (DAF, German Labor Front),⁵⁴ consolidated the numerous small nursing organizations in 1933. Nurses previously associated with a union were taken over by a national organization, *Reichsgemeinschaft öffentlicher Betriebe*, which was concerned with wages. Male and female nurses were in different organizations. The organizations for the female nurses were:

1. *der Caritasverband* (the Caritas Organization, the Catholic nurses' organization, 1937)
2. *die Schwestern des Deutschen Roten Kreuzes* (Red Cross, 1934)
3. *der Reichsbund der Freier Schwestern* (Federation of Free Nurses, 1936)
4. *die Diakoniegemeinschaft* (the Protestant Nurses' Organization, 1933)
5. *die NS Schwesternschaft* (National Socialist Nursing Association, 1934)⁵⁵

The majority of nurses belonged to the two religious organizations, the *Caritasverband* and the *Diakoniegemeinschaft* with the Nazi nurses claiming just 1001 nurses in 1934.⁵⁶ In 1935, the Reich's Women's Leader Gertrud Scholtz-Klink formed the Expert Committee for Nursing within the Association of Free Welfare Work. Two nursing leaders were appointed by Scholtz-Klink.⁵⁷ This reorganization effectively meant that all nurses who wanted to practice had to be a member of one of these organizations. Nevertheless, the appointment of matrons selected by the Nazi party further restricted the role, remit and status of nursing. Under their leadership, National Socialism gained a greater and uncontested influence.⁵⁸

Nursing was perceived by society as being highly disciplined and hierarchical with members who, through self-sacrifice and a religious calling, nursed their pa-

tients.⁵⁹ However, nurses in psychiatric institutions were different from the motivated young people portrayed in Nazi propaganda films. Some came into nursing via an in-house staff shuffling,⁶⁰ usually from being a kitchen worker or cleaner.⁶¹ Their capacity to care for the sick was not a pre-requisite.⁶² If individuals were members of the Nazi Party, their membership permitted them to secure work in the public sector through the German Labour Front and the National Socialist Cell Organization, which was directly involved in employing workers.⁶³

Female nurses were required to have one year of domestic service, either in their own homes or in those of someone else, as a prerequisite to nursing.⁶⁴ Male caregivers often were older than females, from lower social classes and, prior to the between-war economic crisis, most had been in unskilled employment.⁶⁵ Nonetheless, in spite of an ethos of subordination, insecurity and persistently low status for many nurses, others still believed that nursing was a worthwhile career.⁶⁶ Under the Nazi biomedical vision, nursing as a profession was given key recognition. With government support, an independent Nazi community nursing service was established to directly influence public health, health education, counselling and health care in rural communities.⁶⁷

Community and Nazi nurses were ordered to actively promote Nazi doctrine as part of their culture, values and working practices.⁶⁸ Nurses instructed on the important role of 'Aryan' motherhood advised on healthy lifestyles and reported to the Public Health Officer, both positively and negatively, on local families.⁶⁹

Recruitment and emergence of newly appointed community nurses enabled the Nazi ideology of 'Health of the Nation' to be disseminated in rural areas. This encompassed eugenic, racist and eventually murderous directives.⁷⁰ In 1937, the ICN was told of changes being implemented by the Nazi government.⁷¹ Support was

59 McFarlane-Icke, *Nurses in Nazi Germany*.

60 Ibid.

61 Burleigh, 'Racism as a Social Policy'.

62 H. Steppe, *Krankenpflege im Nationalsozialismus* (Frankfurt am Main, Mabuse-Verlag, 1989 (5th ed.)).

63 M. Broszat, *Hitler and the Collapse of Weimar Germany* (Berghahn, New York, 1987).

64 The Reichs Law Review, Part I, Law for the Reorganization of Nursing of 28 September 1938: *Reichsgesetzblatt*. 1938. Nr 154, *Gesetz zur Ordnung der Krankenpflege*. *Ausgegeben* in Berlin, 30 September. Translation by Anette Hebebrand-Verner.

65 McFarlane-Icke, *Nurses in Nazi Germany*; Steppe, 'Nursing in the Third Reich'.

66 McFarlane-Icke, *Nurses in Nazi Germany*; Hahn, 'Nursing Issues'.

67 Steppe, 'Nursing in the Third Reich'.

68 S. Benedict and J. Kuhla, 'Nurses', Participation in the Euthanasia Programs of Nazi Germany', *Western Journal of Nursing Research* 21 (1999): 246-263.

69 Steppe, 'Nursing in the Third Reich'.

70 Weindling, *Health, Race and German Politics*.

71 J. E. Lynaugh, 'From Chaos to Transformation', in B. L. Brush, J. E. Lynaugh, G. Boschma, A. M. Rafferty, M. Stuart and N. J. Tomes (eds.) *Nurses of All Nations: A History of the International Council of Nurses, 1899-1999* (Philadelphia, Lippincott 1999).

51 C. Schweikardt, 'You Gained Honor for Your Profession as a Brown Nurse: the Career of a National Socialist Nurse Mirrored by her Letters Home', *Nursing History Review* 12 (2004): 121-138.

52 H. Steppe, 'Nursing since 1933', *Krankenpflege im Nationalsozialismus* (Frankfurt am Main, Mabuse-Verlag, 1996 (8th ed.)).

53 R. J. Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, MA, Harvard University Press, 1988).

54 *Deutsche Arbeitsfront* (DAF) was an organization established in 1933 to replace all labour unions, guilds, and professional organizations. 'Its goal was to organize all German labor (mental and physical) and to train all authentic Germans into an effective work community'. See R. Michael and K. Doerr. 2002. *Nazi-Deutsch, Nazi German*. (Westport, CT, Greenwood Press, 2002), p. 119.

55 Steppe, 'Nursing since 1933', p. 65.

56 Ibid.

57 McFarlane-Icke, *Nurses in Nazi Germany*.

58 Proctor, *Medical Killing*.

sought by key German nursing leaders to oppose these changes to nurses' working practices, but no objections were noted.⁷² A nurse working at the time reflected

Well, actually, everything went by so quietly, there was nothing special, I cannot remember that we reacted in any particular way, we just continued to do our work, only different people were coming ... no really, I have to tell you honestly, it was not the case that we were in any way concerned with these events, it was simply a transition.⁷³

Indisputably, this transformation and shift of power proved to be significant.

G. Laws regulating nursing

The Nuremberg Laws of 1935 prohibited gentiles marrying or having sexual intercourse with Jews, thereby 'protecting' future German citizens as a 'pure blood race'.⁷⁴ These laws covered health, and from 1939, citizenship, and civil and racial hygiene laws,⁷⁵ which enforced inspection and compulsory sterilization of those of non-Aryan descent. Nurses were overtly involved in advisory and reconciliatory roles with victims of sterilizations⁷⁶ and in the subsequent 'euthanasia' program, actually administered lethal injections⁷⁷. Others were involved in care for members of party organizations⁷⁸ and some were employed in health education programs in work camps, psychiatric hospitals, SS infirmaries and *Reviervers* (infirmaries) in concentration camps.⁷⁹ Jewish nurses were transferred to newly created segregated ghetto hospitals.⁸⁰ Here they received special training to work with patients who had been

72 International Council of Nurses, *Proceedings, International Council of Nurses, Eighth Congress* (1937).

73 Hahn, 'Nursing Issues', p. 142; Ernst Albers: Interview 04/11/1998.

74 Weindling, *Health, Race and German Politics*; R. C. Baum, *The Holocaust and the German Elite Genocide and the National Suicide in Germany, 1871-1945* (New York, Totowa Rowman and Littlefield, 1981).

75 Proctor, *Medical Killing*; G. Bock, 'Equality and Difference in National Socialist Racism', in J. W. Scott (ed.), *Feminism and History* (Oxford, Oxford University Press, 1997).

76 Hahn, 'Nursing Issues'.

77 Benedict and Kuhla, 'Nurses' Participation'; Gardella, 'Medicine in Nazi Germany'; Hahn, 'Nursing Issues'; G. Bock, 'Challenging Dichotomies: Perspectives on Women's History', in K. Offen, R. R. Pierson and J. Rendall (eds.), *Writing Women's History: International perspectives* (London, Macmillan, 1992); G. Bock, 'Equality and Difference in National Socialist Racism', in J. W. Scott (ed.), *Feminism and History* (1997).

78 P. J. Brink, 'When Patientology is Ignored: the Case of Nazi Germany', *Western Journal of Nursing Research* 13 (1991): 162-163.

79 S. Benedict, 'The Nadir of Nursing: Nurse-Perpetrators of the Ravensbrück Concentration Camp', *Nursing History Review* 11 (2003): 129-146; S. Benedict and J. Georges, 'Nurses and the Sterilization Experiments of Auschwitz: a Postmodernist Perspective', *Nursing Inquiry* 13 (2006): 277-288; J. Georges and S. Benedict, 'An Ethics of Testimony: Prisoner Nurses at Auschwitz', *Advances in Nursing Science* 29 (2006): 161-169.

80 D. Ofer, *Women in the Holocaust* (New York, Yale University, 1998); Benson, 'Nursing in Germany'.

discharged by their Nazi nursing colleagues from Jewish hospitals outside the ghetto boundaries.⁸¹

H. The National Socialist Nursing Organization

By 1939, 9.2% of all nurses belonged to the NS nursing organization (Table 1). This percentage, however, is not in agreement with the numbers and percentages cited by Breiding.⁸² In 1942, the NS nurses organization joined with *Reichbund der Freien Schwestern* ('Blue' nurses), who comprised 20% of German nurses, to form the *NS Reichbund* of German Nurses.⁸³ Hahn stated that a third (46,855) of nurses belonged to the *NS Reichbund*.⁸⁴ (Allowing for an increase in the numbers of nurses from 1939, as reported by Breiding, to 1942, the numbers provided by Breiding and Hahn would be consistent). They worked in 476 hospitals, 4,450 community health stations, and 300 schools of nursing.⁸⁵ Many of the nurses who were not politically oriented found themselves, through this forced union with the NS nurses organization, in an uncomfortable position. They were assumed by many non-nurses to be 'Nazis' and the organization expected them to become 'aggressive and a political soldier of the health service'.⁸⁶

Table 1. Numbers of nurses in respective organizations in 1939

Organization	Membership	% of total nurses
<i>Reichsbund</i>	21,459	14.96
NS nurses	10,880	7.59
Red Cross Nurses	14,595	10.17
Catholic Nurses (<i>Caritasverband</i>)	50,000	34.86
Protestant Nurses (<i>Diakoniegemeinschaft</i>)	46,500	32.42
TOTAL	143,434	100%

81 S. Hahn, 'Nursing Issues in the Third Reich', (1994).

82 B. Breiding, *Die Braunen Schwestern* (Stuttgart, Franz Steiner Verlag, 1998).

83 S. Hahn, (1989) *Faschistische Ideologie und Krankenpflege in Deutschland von 1933 bis 1945, Geschichte der Medizin*, 1901, p. 359.

84 Ibid.

85 Ibid.

86 Steppe, 'Nursing in the Third Reich', pp. 25-26.

In 1938, a law regulating nursing, *Gesetz zur Neuordnung der Krankenpflege*, stipulated that the medical training of professional nurses would be sanctioned only in state approved schools.⁸⁷

I. Nurses and the implementation of Nazi ideology

Some German nurses swore a public oath of allegiance to the *Führer*, but some were uncomfortable at having to become political.⁸⁸ The *NS Schwesternschaft* members were sworn in under the following oath:

I swear unswerving loyalty and obedience to my *Führer*, Adolf Hitler. I obligate myself as a National Socialist nurse, to fulfill my professional requirements wherever I will work in a loyal and conscientious manner in my service to the people, so help me God.⁸⁹

Even the Red Cross nurses (*die Schwestern des Deutschen Roten Kreuz*) swore their allegiance to Hitler:

I swear loyalty to the *Führer* of the German people, Adolf Hitler, I solemnly promise obedience and discharge of duties in the work of the German Red Cross according to the orders of my superior. So help me God.⁹⁰

The Protestant nurses organization (*die Diakoniegemeinschaft*), too, was sympathetic to the ideas of National Socialism and did not identify a conflict with the organization's religious affiliation. For example, in 1934, Deaconess D. Bauer wrote in *Service to the People (Dienst am Volk)*:

National Socialism and Socialism, both are not foreign words to the world of deaconry ... Out of this social movement originates the serving throughout and the duty to the community. Also the totalitarian demand of National Socialism is a term we know well because it is something within us although it is characterized differently. This totality demands fight ... Fight is the basic motive of National Socialism ... The *Führer's* thought has been executed in the deaconry ever since the beginning. Discipline and obedience are promoted in the deaconry. Thus the deaconry has already worked for 100 years on a National Socialistic basis. Therefore it greets National Socialism with an open heart...A nurses' association with this ideology can only strengthen a National Socialistic state.⁹¹

87 The Reichs Law Review, Part I, Law for the Reorganization of Nursing of 28 September 1938: *Reichsgesetzblatt*. 1938. Nr 154, *Gesetz zur Ordnung der Krankenpflege*. Ausgegeben zn Berlin, 30 September. Translation by Anette Hebebrand-Verner.

88 Steppe, 'Nursing in Nazi Germany'.

89 *Bundesarchiv Koblenz*: Head Office of Public Welfare, November 1936, *Bundesarchives R 36-1061*, cited by H. Steppe in 'Nursing under Totalitarian Regimes: the Case of National Socialism', a paper presented at the Congress Nursing, Women's History and the Politics of Welfare (Nottingham, 23 July 1993), cited in Steppe, 'Nursing since 1933'.

90 Steppe, 'Nursing since 1933'.

91 *Ibid.*

J. Resistance

There were instances where nurses individually, through their own personal conviction, did try to resist Nazi doctrines; however, documented evidence is sparse.⁹² Nurses forged patient records to exaggerate the severity of patients' illnesses to defer discharge, or substituted names of the dead for the living patients so they could hide and escape discharge.⁹³ If discovered, such actions would have had serious consequences for nurses.⁹⁴ Individual nurses entrapped in the killing web of the euthanasia program resisted by seeking transfers to other jobs within the same institution or within other institutions. Others became pregnant or moved away.⁹⁵ Those who did request transfers or job changes did not suffer reprisals as a result.⁹⁶

K. Conclusion

As the continuum from the prohibition of marriage and relationships between Jews and Aryans, to the sterilization of the handicapped, to the killing of 'lives unworthy of life' developed in Nazi Germany, nurses were involved in every phase. They identified and reported newborns with 'defects', convinced families to relinquish their children to 'Special Children's Units' where they were eventually killed, and rode with adult psychiatric patients on their transports to the killing centres of the 'euthanasia' program where they were gassed. Nurses, acting both on physicians' orders as well as autonomously, killed psychiatric patients by oral and injected overdoses. Over 10,000 patients were killed by nurses.⁹⁷ As Jews, Poles, and others deemed 'inferior' were incarcerated in concentration camps, nurses participated – with varying degrees of willingness – in the medical experiments.⁹⁸

It is vital to acknowledge that not all nurses participated in these dreadful events. It was the minority who were either ideologically committed to National Socialism, or who were employed in institutions that were such an integral part of these actions that it would be extremely difficult to avoid participation – although some did. Yet, just as it is important to know that most German nurses avoided involvement in these events – either by choice or circumstances – it is equally important to understand how those who were involved came to be either willing or reluctant participants so that nurses may never be in a position to carry out crimes on behalf of the government again.

92 Steppe, 'Nursing in the Third Reich'.

93 Burleigh, *Death and Deliverance*.

94 McFarlane-Icke, *Nurses in Nazi Germany*.

95 Benedict and Kuhla, 'Nurses', Participation'.

96 Meta P. statement 16 Nov 1961, Lunesburg police station. File location: *Staatsarchiv München*, file number 33. 029/3.

97 Benedict and Kuhla, 'Nurses', Participation'.

98 Benedict, 'The Nadir of Nursing'; Benedict and Georges, 'Nurses and the Sterilization Experiments'; Georges and Benedict, 'An Ethics of Testimony'.

Among the most apparent reasons for the nurses' participation are ideological commitment, putative duress, and economic pressure such as fear of termination of employment.⁹⁹ Nurse-defendants in post-war 'euthanasia' trials stated that they were convinced of not only the lawfulness of their actions but the requirement that they follow the orders of their administrators, physicians, and superior nurses to carry out killings that were mandated by the government.¹⁰⁰ Given the nurses' involvement in these crimes and the history of the organization of nursing during the years of National Socialism, it is important to look for the interactive effect.

Nursing was hierarchical in its organizational structure and the unifying behavior was obedience. Thus when an order was handed down from government to administrators of institutions, it was to be implemented without question by physicians and nurses. Some nurses who did not wish to kill in the name of the state asked for transfers either within or between institutions. Many of these requests were denied, and nurses became complicit in the killings. A few obtained transfers or resigned to avoid participation. Although there was a stated fear of refusal by some, most who refused were simply moved to other jobs without additional consequence. In fact, in more than 60 years of post-war trials, there is no documented case of a nurse being sent to a concentration camp or otherwise severely punished for refusal.¹⁰¹

As described earlier, there were five different nursing organizations active during this era and even non-Nazi organizations such as the Red Cross and the Protestant organization declared allegiance to Hitler and National Socialism. Thus, to voice a complaint about unethical orders to the leaders of these organizations would have been fruitless and possibly dangerous. Because of the encompassing nature of each nursing organization, from training to retirement, it would have been impossible to move membership from one to another. Furthermore, nursing as a whole possessed pitifully little autonomy and was viewed as a subservient group to medicine. Thus, even if unified – which, of course, they were not – the nursing organizations would have had little voice or influence in opposing the physicians. Only by examining the social structure, the place of the health care system within it, and the organization of nursing can we begin to understand nurses being willing to kill for the ideology of the state.

99 Benedict and Kuhla, 'Nurses', Participation'.

100 E. Luise Statement at Wasserburg, Germany, 19 June 1961. File location: *Staatsarchiv München*, file number 33. 029/2; Margarete T. 10 April 1962, *Landesgericht München*. File location: *Staatsarchiv München*, file number 33. 029/3).

101 H. Friedlander, *The Origins of Nazi Genocide* (Chapel Hill, University of North Carolina Press, 1995); Steppe, 'Nursing in the Third Reich'; M. Lagerwey, 'Nursing ethics at Hadamar', *Qualitative Health Research* 9 (1999): 759-772.

10. Torture and the Paradox of State Violence

Penny Green and Tony Ward

Our approach to torture in this paper is primarily criminological rather than philosophical. We are opposed to torture (and we regret that this should seem worth saying), but we leave it to other contributors to spell out the normative reasons why torture is wrong. What interests us as criminologists is *how* state agencies and individual officials come to order, condone or engage in torture. We draw on sociology, psychology and anthropology to try and understand this phenomenon. We also try to make some connections between the social science literature and the philosophical debate.

This paper derives from a much larger project which centres on the concept of 'state crime' and its place in criminology.¹ Recently we have become interested in the work of Norbert Elias² and the light it can shed on both state and anti-state violence.³ Elias interests us because of the connections he makes between macro-social processes of state formation and individual sensibilities. Specifically, he argues that the development of a state monopoly of violence is linked, in complex ways which we cannot go into here, to the development of sensibilities which increasingly abhor interpersonal violence. Spierenburg drew on Elias's work to explain the abolition of torture in the European enlightenment.⁴ Rationalist critiques of torture's ineffectiveness as a truth-finding device, he argues, long predated the abolition of torture but only became effective because a change in sensibilities made cruelty abhorrent.

Elias's theory raises an obvious problem, which we call the 'paradox of state violence'. If states depend on a monopoly of organized violence (using the term, as Elias's translators do, in a broad and morally neutral sense), but cultivate an abhorrence of violence, why does this not lead to abhorrence, or at least deep unease, at the state's own practices? Elias was well aware of this paradox or 'contradiction' (1987: 81) but he says frustratingly little about how it is resolved.

1 See P. Green and T. Ward, *State Crime: Governments, Violence and Corruption* (London: Pluto Press, 2004)

2 N. Elias, *The Civilizing Process*, trans. E. Jephcott (rev ed., Oxford, Blackwell, 2000)

3 T. Ward and Young, 'Elias, Organised Violence and Terrorism' in M. Mullard and B. Cole (eds.) *Globalisation, Citizenship and the War on Terror* (Cheltenham, Edward Elgar, 2007), P. Green and T. Ward 'Violence and the State' in J. Sim, S. Tombs and D. Whyte (eds.) *State, Power, Crime* (London, Sage, 2009).

4 P. C. Spierenburg, *The Spectacle of Suffering* (Cambridge: Cambridge University Press, 1984), pp. 188-90.